I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

SIGNATURE: MARK DEARING

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail :

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

	Title	PD	Title	VD
	Name	DEARING, MARK C	Name	WOOD, SUSAN D
	Address	9456 PHILIPS HWY., SUITE ONE	Address	414 OLD HARD RD., SUITE 502
	City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	FLEMING ISLAND FL 32003
	Title	STD		
	Name	PORTER, ROBERT S		
	Address	9456 PHILIPS HWY., SUITE ONE		
	City-State-Zip:	JACKSONVILLE FL 32256		

FEI Number: 20-8344381

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SMITH, SHIRLEY 414 OLD HARD RD., SUITE 502 FLEMING ISLAND, FL 32003 US

SIGNATURE:

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0700000792

Entity Name: ABERDEEN OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

414 OLD HARD RD., SUITE 502 FLEMING ISLAND. FL 32003

Current Mailing Address:

414 OLD HARD RD., SUITE 502 FLEMING ISLAND. FL 32003

FILED Mar 11, 2014 Secretary of State CC1092967957

Date

Certificate of Status Desired: No

PRESIDENT